

WOODBURN

VOLUNTEER

APPLICATION

Submit completed applications to Community Outreach
270 Montgomery, Woodburn OR, 97071 • marta.trinidad@woodburn-or.gov • 503-982-5388

Position applied for or area of interest: _____

Name (Last) (First) (Middle)

Please list any other names previously used: Date of Birth: / /

Home Address: City: State: Zip:

Mailing Address (if different): City: State: Zip:

Home Phone: Cell Phone: E-Mail:

Employer Name: Phone:

Employer Address: City: State: Zip:

May we contact you at work? YES NO Drivers License number:
State of issue:
List other states where you have resided as an adult
(Over the age of 18) Expiration Date (Month/Year) ____/____
Is your license currently suspended? YES NO

Do you have health insurance? YES NO Policy # Exp. Date:

Company: Primary Insured:

In case of an emergency, please notify:

Relationship: Phone:

Address: City: State: Zip:

PERSONAL REFERENCES (Do not include relatives)

Name:	Relationship:	Day Phone:
Name:	Relationship:	Day Phone:

Have you ever been convicted of, plead guilty or no contest to a misdemeanor or felony? YES NO
If yes, please give dates, charges(s), locations (state and county of conviction), and any other information your feel should be considered in the evaluation of your application. Also, include in your answer any warnings or convictions or any alcohol/drug related driving offenses. *Attach explanation on a separate sheet of paper.*

Work, Volunteer, Academic and Other Experiences

Please describe previous work or volunteer experiences:

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Please list additional relevant extracurricular activities (sports, clubs, groups, etc.):

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Please list skills, special training, interests, or hobbies that you would be willing to share in your volunteer work. (for example: customer service, working with children, art, theater, public speaking, research, etc.):

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The City of Woodburn serves a diverse community and we are always seeking language assistance. If you are fluent in a language other than English, and are willing to share your skills in a translation and/or interpretation role, please indicate:

Yes No

If yes, please list languages:

Why are you interested in volunteering for the City of Woodburn?

- ☐ Community Involvement ☐ Work Experience ☐ School Service Learning (number of hours):
- ☐ Other (please explain):

What goals or outcomes do you wish to see as a result of your volunteer experience? (Please be as specific as possible; this will help us determine placement and plan training opportunities in the future):

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Volunteer Scheduling

Please indicate which days you would like to volunteer:

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Please indicate which season you would like to volunteer your time:

(You are welcome to volunteer for more than one season.)

☐ Fall: September – November ☐ Winter: December – February
☐ Spring: March – May ☐ Summer: June – August ☐ One Time Project

VOLUNTEER AGREEMENT

As a registered volunteer, you agree to meet the following requirements:

1. Complete and submit the city's volunteer application/agreement.
2. Attend any required training session(s) for volunteers.
3. Exercise the necessary desire and patience in working with children/people of all ages to facilitate their physical, social, and psychological development
4. Agree to uphold the program's philosophy, goals, and guidelines.
5. Represent the City of Woodburn in a positive, constructive manner.
6. Be a good role model for children, parents, and fellow colleagues.
7. Follow any emergency and reporting procedures outlined by your supervisor.
8. Communicate problems, suggestions, or concerns to your supervisor in a timely manner.
9. Agree that the City may use, reproduce, disclose, and distribute your name and/or likeness for City marketing purposes.

GENERAL INFORMATION

Circle the grades with which you would like to work:

Pre-K K 1 2 3 4 5 6 7 8 9-12 or Adult

If applicable, do you wish to coach your child's team?

YES NO

Please list your child's:

Name

Grade

School

POSITIONS AVAILABLE

(Please see volunteer guide for an updated list of available positions.)

For Office Use Only	Direct Insured	Direct Uninsured	Supplemental Labor
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I hereby certify that the facts set forth in this volunteer application are true to the best of my knowledge. I agree that if the information given in my application, resume or any other materials, or during any interview, is found to be false in any way, it shall be considered sufficient cause for denial of volunteer status. I understand that City of Woodburn is not obligated to appoint me to a volunteer position and that nothing contained in the volunteer registration form is intended to create a contract City of Woodburn and me. In addition to the above items, I agree to comply with the policies, rules, regulations and procedures of City of Woodburn , which I understand may change at any time and I understand that my volunteer status can be terminated with or without cause or notice, at any time, at the option of either me or City of Woodburn.

Print Full Volunteer's Name _____ Contact Phone _____

Address _____ City _____ Zip _____

Participant's Signature: _____

*(Participant must be 18 years or older, **OR** Parent/Guardian signature is required.)*

VOLUNTEER WAIVER, RELEASE, & ASSUMPTION OF RISK

Thank you for your willingness to volunteer for the City of Woodburn. The City of Woodburn (the "City") is committed to conducting its programs, services, and activities in a safe manner and holds the safety of City volunteers in high regard. However, volunteers and parents/guardians of minor volunteers must recognize that there is an inherent risk of injury when choosing to volunteer. You are solely responsible for determining if you or your minor child/ward are physically fit and/or adequately skilled to perform the volunteer activities.

READ CAREFULLY BEFORE SIGNING

I recognize and acknowledge that there are certain risks of physical injury to volunteers providing and/or engaging in volunteer activities for the City, and I voluntarily agree to assume the full risk of any and all injuries, death, damages, or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said volunteer activities. I further agree to waive and release all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of or related to the volunteer activities, against the City, its officials, officers, employees, agents, and/or other volunteers, collectively or individually.

I further declare that I am aware of the activity contemplated and the hazards connected therewith; understand that I may be a passenger in vehicles operated by City employees; and understand that I will be a guest and not a passenger for hire or other consideration.

I further authorize the person in charge to secure any necessary emergency medical services in the event that such are necessary and I am unable to make conscious and competent decision as to my need thereof. I further agree to pay for such services and to save the City and its employees harmless therefrom.

I have read and fully understand the above waiver and release and shall be binding on my heirs, executors, successors and assigns.

Participant's Signature: _____
(Participant must be 18 years or older, **OR** Parent/Guardian signature is required.)

Participant's Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Ph#: _____ **Cell Ph #:** _____

Date: _____ **E-mail Address:** _____

PERSONAL HISTORY INQUIRY AUTHORIZATION, RELEASE, AND WAIVER

To facilitate the City of Woodburn's assessment of my fitness to serve in the position of _____, I hereby authorize the City of Woodburn, its officers, agents, assigns and employees to contact previous employers and other sources of information and to request, read, review or photocopy any and all information the City deems necessary to lawfully investigate my background for this position. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, and criminal history information.

A photocopy or FAX copy of this release form will be valid, as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

Certification: I certify that I have read this authorization form, understand its meaning and purpose, and have received a copy of it. I also understand that I may revoke this authorization at any time by delivering to you or your organization, in writing, such revocation.

Applicant's Name (Please Print)

Social Security Number

Date of Birth

Drivers License Number

Applicant's Signature

Date

If the above applicant is a minor, as the parent/guardian, I agree to the above statement in its entirety. I further give my permission for this applicant to be considered as a candidate for a volunteer position with the city of Woodburn.

Parent/Guardian Signature

Date